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# **POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM**

Application Number	10694532
Filing Date	10-27-2003
First Named Inventor	Daniel M. Lafontaine
Title	Cryo Balloon for Atrial Ablation
Art Unit	3739
Examiner Name	Michael F. Peffley
Attorney Docket Number	1001.2558102

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

☒ Practitioners associated with the Customer Number:

28075

OR

☐ Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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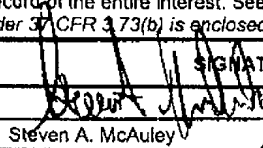
Fax

I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature		Date	6/3/10
Name	Steven A. McAuley	Telephone	703.794.2425
Title and Company	Assistant Secretary, Patent Counsel		

NOTE. Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ \*Total of \_\_\_\_\_ forms are submitted.

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

**LIMITED AUTHORIZATION TO ACT ON BEHALF OF ASSIGNEE  
REGARDING CERTAIN PATENT MATTERS  
EFFECTIVE THROUGH: December 31, 2010**

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I, Lawrence J. Knopf, as Senior Vice President and Deputy General Counsel of Boston Scientific Corporation, the controlling corporation of:

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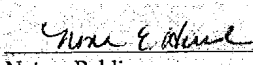
  
Lawrence J. Knopf, Senior Vice President and Deputy General Counsel

7/23/09  
Date

COMMONWEALTH OF MASSACHUSETTS )

COUNTY OF MIDDLESEX ) ss.

On this 23<sup>rd</sup> day of July, 2009 before me personally appeared Lawrence J. Knopf to me known and known to me to be the person described in and who executed the foregoing instrument, and he duly acknowledged to me that he executed the same for the uses and purposes set forth herein.

  
Notary Public

**Nona E. Hurd**  
**NOTARY PUBLIC**

My commission expires Sept 18, 2009

[k:\Limited Authorizations 07 23 2009]